



CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER MAJOR INSTITUTIONS CITIZENS ADVISORY COMMITTEE

DRAFT MEETING NOTES

Children's Hospital and Regional Medical Center
Major Institutions Citizens Advisory Committee

Meeting # 17 **October 14, 2008**

Seattle Children's Hospital
4800 Sand Point Way
Seattle, WA 98105
Wright Auditorium

Members

Karen Wolf, Chair
Catherine Hennings, Vice chair
Cheryl Kitchin
Delores Prichard
Myriam Muller
Kim O Dales
Doug Hanafin
Dr. Gina Trask
Michael S Omura
Wendy Paul
Yvette Moy
Robert Rosencrantz
Bob Lucas
Theresa Doherty
Shelley D. Hartnett

Members/Alternates Present

Myriam Muller	Nichol Van Borkulo	Karen Wolf, Chair
Michael S Omura	Wendy Paul	Robert Rosencrantz
Theresa Doherty	Delores Pritchard	Cheryl Kitchin
Shelly Hartnett	Bob Lucas	Catherine Hennings
Brice Semmens	Mike Wayte	Doug Hanafin

Ex Officio Members Present

Steve Sheppard – DON	Scott Ringgold - DPD	Ruth Benfield - CHRMC
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Others Present (Staff and Guests)

See Attached Attendance Sheets

Alternates

Nicole Van Borkulo
Mike Wayte
Dr. Brice Semmens

Ex-Officio Members

Steve Sheppard – DON
Scott Ringgold – DPD
Ruth Benfield – CHRMC

I. Welcome and Introductions

Karen Wolf called the meeting to order and reviewed the agenda. She said the Committee needs to start planning the approach to the preparation of the final report.

II. Presentation of Views of the Bulk and Height of the New Alternatives

Ruth Benfield was introduced to present photo montages. Some of these will be included in the EIS and others are presented here in response to the CAC's request for additional views from the Bryant Hillside. Ms. Benfield stated that it is Children's intent is to develop well designed and attractive buildings with significant landscaping. She noted that looking at photo montages they present "lego block buildings". This makes it difficult to really appreciate what the actual impacts might be and would tend to represent the worst case. The proposals that will be presented today represent a lot of community and Committee input, and hopefully respond to much of the community input received. The buildings have been pushed back into the hillside and lowered.

Ms. Benfield then introduced Carl Livingston to discuss the actual views.

Editor's Note: The presentation related to drawings and much of the discussion referred to the drawings and oriented members to the locations. This discussion did not translate well verbally and is therefore truncated.

Following the presentation the floor was opened to committee questions and comments. Miriam Muller asked if there were views from the vicinity of Laurelcrest Condo's. Staff responded that they did not have a view from that location. Karen Wolf stated that the information provided was helpful.

Robert Rosencrantz asked if staff had any observations concerning the impacts of views. Staff responded that it appears that 7R appears to have gone in the right direction. Brice Semmens noted that he had a chance to preview the drawings as he had been one of the members who pushed for the added views. He agreed that the changes were going in the right direction but that they definitely do not far enough. Development under 7R still dominates the view to the south, particularly if you are looking down from any elevation on the hillside.

Cheryl Kitchen noted that the views along Sandpoint that were focused on Hartman and the difference between 7R and 8. She noted that the views of alternative 8 show no development on the Hartman site. However, this may be misleading in that the existing zoning for Hartmann allows for 3 floors. By showing it with no development we are not looking at the possibilities that Children's could make use of that development potential. It still can be developed to be very useful and to be part of this project. The objection to making 8 part of the footprint of the hospital's master plan is that it is wide open for further development in the future.

Mike Wayte also stated that he was surprised that hospital has spent so much money coming up with all these alternatives without many compromises with the surrounding committee. It appears that the hospital has taken their own alternatives and simply tried to make minor modifications to attempt to gain committee acceptance rather than entering into a full partnership and seeing what the Committee and community wants. This is a huge project in our neighborhood and should meld better with the community. Progress is being made but Alternative 7R is not something he can endorse at this point. Traffic hasn't really been dealt with. Mr. Wayte stated that he wants the hospital to listen to the Committee and to recognize this is our backyard.

Cheryl Kitchen stated that she too is frustrated. The Committee has asked for alternatives that include less square footage. Yet to this date Children's has not presented any alternatives that eliminate even one square foot. She stated that in her opinion, it doesn't matter how you rearrange the 2.4 million square feet. It is still too large. Ms. Kitchen noted that she was on the sub-committee that developed transportation comments to draft EIS. During discussions leading to the development of these comments all of the participants came to the conclusion that this level of traffic that would be produced by this size growth is unacceptable. The first line of the sub-committee report said, "this is unacceptable".

III. Discussion of the CAC Final Report

Steve Sheppard noted that the CAC must now begin to consider its final report. He noted that the Code does not specify exactly what the CAC's final report will be. The Committee is free to make its final report whatever it wants. Minority reports are also allowed. Any number of people on the committee from one to seven could put in one or more minority reports which get forwarded to the Hearing Examiner as appendices to the final majority report. Mr. Sheppard passed out examples of recent reports that were done for other institutions. One has a minority report with it – Harborview and one does not. The reports show how those committees chose to look at it. He advised the Committee members to review the reports before the next meeting and have an idea of what they want to suggest. He noted that at this point the institution is finishing their plans and supporting documents; and DPD is working on the City's official recommendation. The CAC will begin work on its report after receiving both the institutions final documents and the draft of the DPD Director's report. This will start at the next meeting. Mr. Sheppard noted that the Seattle Municipal Code establishes the time lines for this phase and briefly went over the suggested dates for the next meetings as follows:

Meeting 16	10/14/08	<ul style="list-style-type: none">• Presentation of Photo Montages.• Discussion of Schedule.
	11/10/08	<ul style="list-style-type: none">• Committee Receipt of Final Plan and EIS.

Meeting 18	11/12/08	<ul style="list-style-type: none"> • Initiation of Committee Discussion of the Final Plan and EIS. • Committee Identification of Areas of Concern and Development of a Draft Time Line for Making Decisions on Key Issues.
	12/9/08	<ul style="list-style-type: none"> • Committee Receipt of Draft Report of the Director of the City of Seattle Department of Planning and Development.
Meeting 19	12/9/08	<ul style="list-style-type: none"> • Initial Discussion of the Draft Report of the Director of the City of Seattle Department of Planning and Development. • Continued Committee Discussion of the Final Plan and EIS.
Meeting 20	12/16/08	<ul style="list-style-type: none"> • Continued Discussion of the Draft Report of the Director of the City of Seattle Department of Planning and Development. • Continued Committee Discussion of the Final Plan and EIS.
Meeting 21	1/6/09	<ul style="list-style-type: none"> • Adoption of Committee Comments to the Draft Report of the Director of the City of Seattle Department of Planning and Development. • Review of Progress Draft of CAC Final Report.
	1/20/09	<ul style="list-style-type: none"> • Committee Receipt of the Final Report of the Director of the City of Seattle Department of Planning and Development.
Meeting 22	1/27/09	<ul style="list-style-type: none"> • Committee Review of Draft Final Report.
Meeting 23	2/2/09	<ul style="list-style-type: none"> • Committee Adoption of Final Report.

Mr. Sheppard briefly discussed what would occur at each meeting and noted that this is a preliminary schedule and subject to change.

Miriam Muller asked for additional clarification on the minority reports and what the process is after the completion of the CAC's report. Mr. Sheppard responded that any minority reports have to be completed at the same time and goes into the same document and need to be in a similar format and be similar level of detail so they can stand on their own.

Mr. Sheppard stated that the CAC's report is then forwarded to City's Hearing Examiner. The Hearing Examiner is a quasi-judicial agent who holds a public hearing. There are formal parties that usually present to the Hearing examiner. These include the City Department of Planning and Development, the Institution, and the CAC. However, anyone may give testimony at that hearing and any other person or group that wishes to present information of any kind, new, comments on plan, and come before Hearing Examiner and present it. They can also request to be parties of record and can question people. He noted that this hearing can sometimes feel a bit like a court trial and it could go from many days. The Hearing Examiner would then keep the record open briefly for a site visit or for any follow up information to be submitted and Hearing Examiner would then have a certain period of time from the close of the record to put forward their findings and orders. The findings and orders is the Hearing Examiners recommendation to the City Council. The Hearing Examiner can recommend modifications to the Institutions plan in response to any information that is presented including the DPD report of CAC report or any other information presented to them by the community. The Hearing Examiner can suggest specific conditions he or she suggests that the City Council to impose upon the plan. The CAC can also suggest such conditions to the hearing examiner.

Mr. Sheppard noted that the hearing before the Hearing Examiner is the major public hearing and the point where CAC chair and co-chair and members make statements. Once the Hearing Examiner's findings and orders are forwarded to the Seattle City Council, the Council will begin its deliberations. However their deliberations are on the record established at the Hearing Examiner Hearing and little new information is allowed to be presented. The City Council in their quasi-judicial role will be considering the established record as established by the Hearing Examiner not new information. The parties of record from the Hearing Examiner may be asked by the City Council to specific clarify positions to answer questions but there won't be

another major public hearing. The public hearing, public meeting will be before the Hearing Examiner. Mr. Sheppard also noted that the Hearing Examiner has the right to remand the plan back for reconsideration and revision if the Hearing Examiner determines there are too many issues outstanding to move it forward to the City council.

Mr. Sheppard noted that he had been asked by some members to look at the issue of phasing and how that might be done as a condition of adoption of the plan. He noted that other plans have included conditions that make development of some building contingent upon completion of another action. For instance in some cases development of buildings was made contingent upon development of parking or meeting some transportation management goals first. This is a kind of phasing so that some phasing is possible. However, he cautioned that the nature of the code envisions that the plan established an amount of square footage and allowable heights development. That approval no longer has expiration date. The challenge is to identify phasing that still respects this concept and does not essentially become approval of a 5 or 10 year plan that requires that a virtual new plan be done following some initial phase. That would be difficult to be called "phasing". Phasing is possible in a way there are some problematic elements to it that we will have to discuss in greater detail when we know what or if we are talking about it.

Cheryl Kitchen stated that she sees phasing as very problematic. Karen Wolf responded there can clearly be Council imposed conditions from moving from one to another but not generally based on time but on other events occurring.

IV. Public Comment:

The meeting was then opened to public comments.

Comments of Danny Duffell Mr. Duffell stated that he is a Pastoral Associate at St. Bridget Parish; Catholic Chaplain to Catholic patients in hospital; in 25 years he has seen a lot of changes at hospital and in the neighborhood. When he first came here, there were not so many visual barriers between the hospital and parking and neighborhood. He came from Capital Hill – two blocks from Group Health where there are hospitals with no barriers between housing. He knows Children's has expanded over the years with less of an impact on the neighborhood than it could have had partly by decentralizing – they have 20 clinics in various parts of the state and they have just moved administrative functions off this site. When he first saw the drawings he was shocked but from what he sees now – although he hears the strong reactions – he encouraged everyone to think about how the expansion is guided rather than whether it happens. He spoke of positive aspects of Children's and encouraged community input to help guide how rather than whether expansion occurs.

Comments of Megan Manazii - Ms. Manazii stated that she is a friend of Children's and a cancer camp volunteer. She stated that she understands the concerns expressed by many opposing the expansion, but supportive of expansion to meet the demand.

Comments of Jay Arnold – Mr. Arnold stated that he is a resident of Kirkland and has sometimes had to bring children to this facility for care since they have a level of expertise not available elsewhere. Also he stated that he understands that the hospital is near capacity and is therefore supportive of Children's expansion. Find a way to make it happen.

Comments of David Miller – Mr. Miller stated that it appears that Children's has gone far in ways to mitigate the impact on the community. Architectural renderings prove that process is working. He stated that it is his opinion that concentration of specialty care in central facilities is important. He stated that this is essentially a social justice issue. Children's critical needs have to come first.

Comments of Judith Platt - Ms. Platt congratulated Children's on its pending purchase of Laurelon Terrace acquisition. She stated that she is concerned about height and bulk and about the amount of traffic. Three

generations of her family has been part of Children's. She stated that children's services need to be closer to where children are and dispersed over the region. There are children's services up on pill hill, Swedish has a pediatric specialty. Not all of the millions of square feet need to be on this campus. Size and bulk has a lot to do with quality of life not only for the people working here – but for the surrounding community. Wants to keep the quality of care here, traffic will play major part.

Comments of Michael Perlman – Mr. Perlman stated asked for clarification on how many would be lost, because trees can mitigate the impact of the construction particularly the grove on NE 50th along the north end. Staff responded that those trees will not be affected along the north boundary. Mr. Perlman also suggested that the Committee require that construction trucks, heavy equipment have. He stated that the question of not just whether Children's should expand but where. He stated that children may be better served by locating a campus elsewhere.

Comments of Steve Leahy – Mr. Leahy stated that he is the president and CEO of the Seattle Chamber of Commerce. Children's has 20 different clinics throughout region. Unquestionable synergy that need to co-locate urgent care and certain services that cannot be deployed in different locations. Compared to other major institutions in the City and elsewhere – this one is setting examples for incentives for workers to come in mass transit and vanpools and everything but single occupancy vehicles. He also noted that this facility serves a multi-state area.

Comments of Jeannie Hale – Ms. Hale stated that the LCC enthusiastically supports the mission of the institution, but is very concerned with the proposed bulk and height. Hartmann being back on the table; it is not about views, it is about complying with the law. If Children's wants act as if it is located in an urban center, it needs to go to City Hall and change the city's comprehensive plan – a two year process. They should not be above the law – they have to be held accountable. Appreciated what Steve said about process. As with any major institution it wields a lot of influence; sometimes they violate the rules – quasi judicial rules which prohibit contact with public officials. Theresa Dougherty knows that because the University of Washington broke those rules and as a result the other side gets an opportunity for a rebuttal so there is a special public hearing. Everyone is held accountable and everyone should be held to the same rules. Phasing: hoped that Scott would weigh in and talk about phasing that it is not something workable and that once this EIS is approved 1.5 million square feet – it is done. Why do they need almost 200 psych beds and think of how much square footage that could remove. Every single community group in NE Seattle has said "no building heights above 105 feet". All community groups in this area have asked to have the square footage reduced. She wants an alternative with no more than 250,000 square feet – it was their last master plan.

Several people simply agreed with Ms. Hales statement.

Comments of Arlene Ehrlich – Ms. Ehrlich noted that one speaker had mentioned social justice. She noted that she has lived across the way for about 40 years and that her property value and taxes are rising. When she looks at all of the development and impacts she worries about the further effects on the area from traffic and parking, size she is worried and those affects need to be considered. Traffic issues – difficulty in getting a sick child through heavy traffic.

Comments of Ref Lindmark - Mr. Lindmark stated that he works with Metro/King county on transportation planning. He noted that he tracks new developments and new projects to mitigate commute trips. There are no two employers/projects that are the same. They have different contexts, employees, different work habits, different places where there is transit available (or not), etc. They develop a customized plan for each employer, institution to try to mitigate. Children's is set up as the Gold Standard – it is one of the places they look to when they work with other institutions. Four elements they look for when looking at these things: 1) physical improvements – creating carpool and vanpool spaces, bike lockers, showers; 2) programs – comprehensive – carpool, vanpool, bike, walk, tele-work programs; 3) access to programs – try to put product in people's hands with incentives for all modes; and 4) commitment over time to the program. Children's sits down every year and asks how they can make their program better. Not just about footprint – it extends

outside of the community to make things better for people outside boundaries. His office is available to help and answer questions.

Comments of Sara Haminen - Ms. Haminen stated that the "cow path" has been eradicated on Sandpoint Way; it is now safe and level and thanked the appropriate City persons for taking care of it. She stated that from the meetings that she has attended, it is clear that the mass of the design for the corners is concerning a lot of people. She suggested that Children's consider having pass-through on the first ground levels to have gardening levels in between. Looking southwards down 40th Avenue, on the left is already a sidewalk, trees that could be kept that would screen construction. Suggested it as entry to emergency. Phase 1 could be lighter and more beautiful.

Comments of Sandra Evenson – Ms. Evenson stated that she is concerned with traffic. Laurelhurst is a peninsula with only options to get in and out. She stated that she is concerned that the effect of emergency traffic and parking entry on 40th would be a problem. She asked how the traffic and parking will impact the residents and asked transportation be considered.

V. Initial Discussion of Possible Issues to be Considered in the Final Report

Members were asked to identify their major issues. The following issues were identified: 1) height, bulk and scale; 2) transportation; 3) physical entrances (access); 4) Open Space; 5) Housing; and 6) Phasing; 7) Hartman and the concept of the expansion of the boundaries; 8) specific support, or lack thereof, of the final alternatives; 9) possible general design guidelines for development; 10) the overall need for the proposed square footage. Karen Wolf noted that phasing may be a key issue. Steve Sheppard noted that the CAC may determine that is not satisfied with any specific alternative and recommend some modification to one alternative or even recommend something new. There needs to be discussion once you have the full EIS. You can come up with whatever, you have discretion. Before making any formal, final decision, look at it, discuss and decide where you are on it.

Doug Hanafin stated that there are people on the CAC that have a strong feeling about it one way or another concerning the need issue and therefore the overall proposed square footage. The CAC keeps trying to dance around it but ultimately much of our overall position will come down to whether we agree with the need issue or not. If we do then we need to figure out a way to accommodate that expansion in the context of our Committee's responsibilities. We need to talk about square footage. All members are supportive of the hospital but are over whelmed by the square footage being proposed. The CAC has asked for a design that fits in better with the neighborhood. He stated that he does not believe that what has been drawn up to date fit into the neighborhood. The CAC's repeated requests for Children's to bring an alternative that has less total square footage seems to have fallen on deaf ears. No such alternative has been put forward. This has the effect of making the CAC seem like the "bad guy". Catherine Henning noted that there was a majority vote each time to request a smaller square footage but not unanimous vote by the committee.

Steve Sheppard noted that the CAC can comment on need but it can't be used to delay the proposal. Can do: look at size and nature of site, nature of impacts – go from outside in and could potentially say – "from what we've seen with height, bulk, scale, transportation or whatever, the type of proposal either is or is not acceptable" and that is the back door way or getting to that need. You might even say that you do or don't feel that the overall need has been demonstrated to your liking. When you come, you vote on this; it is one of the key decisions you have to make and it will set the tenor for all the rest of your statements. Do it thoughtfully. Look carefully at the EIS and at the alternatives when you get them and come back prepared to talk about it.

Doug Hanafin noted that he had hoped to get some kind of renderings of lower development that would fit better into the community. That might be a total of 750,000 square feet or a million square feet, where the all the additional buildings were similar in scale to what we have here today. If that means taking off 500,000 square feet, then let Children's come up with the design. If it turns out to be a million square feet but fits in and feels and looks good then it is easy to make a recommendation. Now it seems as if we are being asked

to take or leave the full 1.5 million square feet. No one wants to be a "no" vote but we are being painted into that box.

Ruth Benfield responded that needs to be made absolutely clear that Children's has not backed away from its square footage requirement because Children's honestly believe that is what we are going to need over the 20 year time frame by our best estimates. We do not believe that we can ethically recommend less than what we honestly project going forward in terms of in-patient bed need. We know we have to prove that to ourselves, to the state, to this group as we move along but to state something less than that is to certainly set us up to being portrayed as not being honest in terms of what we project forward. We have tried to be as transparent as possible. We came up – you as a subgroup and as a total group – came up with an alternative that met 1.5 million additional square feet in alternative 6 without the benefit of an additional almost 7 acres of property. So we have significantly decreased the density on this total campus.

Nicole Van Borkulo noted that Children's has purchased other properties and are using space down at Met Park and other areas and asked if there has been any additional consideration of diverting development from this location. Ms. Benfield responded that Children's is developing 100,000 square feet in Bellevue to provide more ambulatory clinic space; to provide more diagnostic space that we don't currently have any space offsite to provide an ambulatory center to keep trips off the 520 Bridge. Children's has likewise planned for north in Everett, south in Kent. However Children's believes they have to have the in patient beds unified because of the special needs of pediatric patients and the resources it takes to address their needs and the expertise and the fact that there is such a phenomenal shortage in so many of the pediatric specialty areas going forward. All those things together have said "in patient needs to be located in one location". Research is being developed at Downtown Seattle. Administrative has been taken off and now we are looking to see if we can take Records off – as we move toward more electronic record we probably can. As we grow our populations we continue to need to work very hard at recruitment of pediatric specialists as they are all a challenge.

Catherine Henning stated that the certificate of need process by the State that we have been talking about is going to be the check and balance. Children's is not going to spend the incredible amount of money to build if they don't actually need it. What they are asking us to do is to approve what they have estimated to be the maximum amount of space they will need in 20 years. The actual build will be dependent on the need as it is determined at various points along the process as they begin a new building phase.

Bruce Semmens stated that he remains skeptical concerning the need for the number of psych beds proposed. He stated that he don't know how many beds they said but when a child is in critical care there is a certain amount of psychiatric care but children that are purely psychiatric – but predicated on 4000 square feet per bed – you might be able to reduce that by either a third or even half or the total projected just by eliminating the psych beds alone That would have a tremendous positive affect on height, bulk and scale

The CAC has had this conversation before. We want to say something about the square foot needs and the hospital says "we have a need" – he doesn't think anyone doubts that there is probably a lot of need but what is true is the hospital has done a needs assessment and I guarantee that needs assessment did not factor in whether or not the square footage fit into the community. So it wasn't that that they did the needs assessment based on the hospital demand – it is specific only to what they are projecting their medical needs are – not whether or not it will fit within the community. The CAC role is – what characteristics of this future facility are we willing to accept as a community; not taking into account whether or not the hospital needs are there but what our community is willing to accept in terms of height, bulk and scale, traffic etc. That is the counter to what the hospital has done and presumably somewhere in the middle there is a place where we can meet where everyone is at least marginally happy with the result. The more we talk about square feet and needs we're just talking about something we have no say in anyway.

Mike Omura noted that the overall square footage can be affected by the Floor Area Ration (FAR).

VI. Adjournment

The appointed time for adjournment having arrived, the meeting was adjourned.